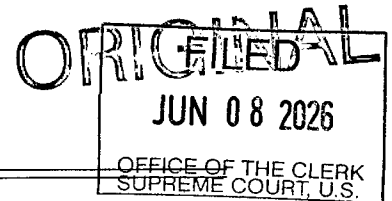


No. **25-7609**



In the Supreme Court of the United States

DAVID EDWARD JACKSON III

Petitioner,

v.

INDIANA PAROLE BOARD

Respondent.

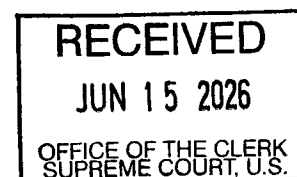
On Petition for a Writ of Certiorari to the United States Court of Appeals for the Seventh Circuit

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

The petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed in forma pauperis.

Please check the appropriate boxes:

[X] Petitioner has previously been granted leave to proceed in forma pauperis in the following court(s): Lake Superior Court (trial court), No. 45G02-1803-F4-9; Indiana Court of Appeals, Nos. 23A-PC-583 and 24A-SP-02220; Indiana Supreme Court (petition to transfer in No. 23A-PC-583); United States District Court, Northern District of Indiana, No. 2:24-cv-00010; and United States Court of Appeals for the Seventh Circuit, No. 25-1797.



☐ Petitioner has not previously been granted leave to proceed in forma pauperis in any other court.

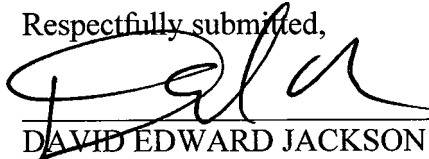
☒ Petitioner's affidavit or declaration in support of this motion is attached hereto.

☐ Petitioner's affidavit or declaration is not attached because the court below appointed counsel in the current proceeding, and:

☐ The appointment was made under the following provision of law: N/A, or

☐ a copy of the order of appointment is appended.

Respectfully submitted,



DAVID EDWARD JACKSON III,

Petitioner, pro se

1759 Lawndale Drive

Valparaiso, IN 46383

(219) 781-2799

myzenhost@gmail.com

Dated: June 8th, 2026

AFFIDAVIT OR DECLARATION IN SUPPORT OF MOTION FOR LEAVE TO PROCEED

IN FORMA PAUPERIS

I, **David Edward Jackson III**, am the petitioner in the above-entitled case. In support of my motion to proceed in forma pauperis, I state that because of my poverty I am unable to pay the costs of this case or to give security therefor; and I believe I am entitled to redress.

1. Average monthly income during the past 12 months (gross), for you and your spouse:

Income source	You (past 12 mo / next mo)	Spouse (past 12 mo / next mo)
Employment	\$0 / \$0	\$1600 / \$1600
Self-employment	\$0 / \$0	\$0 / \$0
Income from real property (rent)	\$0 / \$0	\$0 / \$0
Interest and dividends	\$0 / \$0	\$0 / \$0
Gifts	\$0 / \$0	\$0 / \$0
Alimony	\$0 / \$0	\$0 / \$0
Child support	\$0 / \$0	\$0 / \$0
Retirement (social security, pensions, annuities, insurance)	\$0 / \$0	\$0 / \$0
Disability (social security, insurance)	\$0 / \$0	\$0 / \$0
Unemployment payments	\$0 / \$0	\$0 / \$0
Public assistance (welfare)	\$0 / \$0	\$0 / \$0
Other (specify): N/A	\$0 / \$0	\$0 / \$0
Total monthly income	\$0 / \$0	\$1600 / \$1600

2. Your employment history, past two years, most recent first (gross monthly pay): \$0 · Employer Not Applicable · Address N/A · Dates N/A · Gross monthly pay \$0. (Self-employed due to disability — describe.) I am disabled but do not currently

receive disability benefits except medical coverage through Medicaid and am determined to be medically frail and permanently disabled.

3. Your spouse's employment history, past two years, most recent first:

Duffy's Place, 1154 Axe Ave, Valparaiso, IN 46383, (219) 462-1057 - bartender, approximately 33 hours per week at \$5.00 per hour plus tips; gross approximately \$1,600 per month.

4. How much cash do you and your spouse have? \$320. Money in

bank/financial institutions:

Type of account	Amount you have	Amount your spouse has
Checking	\$320	\$0
Savings	\$0	\$0

5. Assets you or your spouse own (do NOT list clothing/ordinary household furnishings):

☐ Home — Value \$0 · ☐ Other real estate — Value \$0 · ☐ Motor Vehicle #1 (year/make/model N/A) Value \$0 · ☐ Motor Vehicle #2 N/A Value \$0 · ☐ Other assets (describe N/A) Value \$0. [If none: state "None."] None

6. Every person, business, or organization owing you or your spouse money, and the amount: None.

7. Persons who rely on you or your spouse for support (for minor children, list initials only):

Name/Initials	Relationship	Age
S.J.	Daughter	8
P.J.	Daughter	18

8. Average monthly expenses of you and your family:

Expense	You	Spouse
Rent or home-mortgage (incl. mobile-home lot)	\$0	\$800
 Real estate taxes included? [x] Yes [] No · Property insurance included? [x] Yes [] No	\$0	\$0
Utilities (electricity, heating, water, sewer, telephone)	\$0	\$360
Home maintenance (repairs/upkeep)	\$0	\$0
Food	\$0	\$ 310
Clothing	\$0	\$0
Laundry and dry-cleaning	\$0	\$0
Medical and dental	\$0	\$ 40
Transportation (excl. vehicle payments)	\$0	\$0
Recreation/entertainment/newspapers/etc.	\$0	\$0
Insurance — Homeowner's/renter's	\$0	\$0
Insurance — Life	\$0	\$0
Insurance — Health	\$0	\$0
Insurance — Motor vehicle	\$0	\$0
Insurance — Other: N/A	\$0	\$0
Taxes (not deducted/in mortgage): N/A	\$0	\$0
Installment — Motor vehicle	\$0	\$0
Installment — Credit card(s)	\$0	\$0
Installment — Department store(s)	\$0	\$0
Installment — Other: N/A	\$0	\$0
Alimony/maintenance/support paid to others	\$0	\$0
Regular business/profession/farm operation (attach statement)	\$0	\$0
Other (specify): N/A	\$0	\$0
Total monthly expenses	\$0	\$1,510

9. Do you expect any major changes to your monthly income or expenses, or in your assets or liabilities, during the next 12 months? [] Yes [x] No. If yes, describe on an attached sheet.

10. Have you paid — or will you be paying — an attorney any money for services in this case (including completing this form)? [] Yes [X] No If yes, how much? \$0; attorney's name/address/phone: N/A.

11. Have you paid — or will you be paying — anyone other than an attorney (e.g., a paralegal or typist) any money for services in this case (including completing this form)? [] Yes [X] No. If yes, how much? \$0; person's name/address/phone: N/A.

12. Any other information that will help explain why you cannot pay the costs of this case: Petitioner has had no employment and no earned income for nearly six years and is unable to work due to documented mental and physical disabilities; he has been determined medically frail and permanently disabled. Petitioner receives no disability or public-assistance benefits other than Medicaid medical coverage. The household's only income is petitioner's spouse's employment of approximately \$1,600 per month, which supports the petitioner, his spouse, and their dependent daughters. Petitioner has no significant assets.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: June 8, 2026.

A handwritten signature in black ink, appearing to read 'D. E. Jackson III', written over a horizontal line.

DAVID EDWARD JACKSON III,
Petitioner, pro se
1759 Lawndale Drive
Valparaiso, IN 46383
(219) 781-2799
myzenhost@gmail.com
Dated: June 8th, 2026